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CONFIRMATION NO. 5250

Bib Data Sheet

SERIAL NUMBER 09/832,913	FILING DATE 04/10/2001 RULE	CLASS 324	GROUP ART UNIT 2829	ATTORNEY DOCKET NO. P136-US
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** CONTINUING DATA *****

N/A J.m.H.

** FOREIGN APPLICATIONS *****

N/A J.m.H.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 06/02/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	CA	11	57 55	4
Examiner's Signature _____	Initials _____			

ADDRESS

FormFactor, Inc.
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 2140 Research Drive
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TITLE

Probe card with coplanar daughter card

FILING FEE RECEIVED 1586	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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